……………………………………….

 place, date

## Vice-Dean for Student Affairs

# Faculty ……………. of Wrocław University of Science and Technology

50-373 Wrocław, ul. C.K. Norwida 5/6

phone: (71) 320 20 25, 320 40 26

 I kindly ask the Faculty Council of the Faculty of ........................................................ of Wrocław University of Science and technology to accept and approve the subject of the **(master’s/engineer’s) thesis** to be developed by the student:

.......................................................................................................................................................,

Grade book no.: ................................., degree programme:.........................................................,

in the academic year: ........................, starting from the semester ............................................

**Thesis** advisor’s first name, surname, and academic title: …....................................................

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Thesis advisor’s address for correspondence, e-mail, and phone number:

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**Thesis** title in Polish[[1]](#footnote-1): ..........................................................................

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**Thesis** title in English[[2]](#footnote-2)1: .......................................................................

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###  Thesis advisor’s signature

Organisational unit’s stamp

1. \*delete as appropriate [↑](#footnote-ref-1)
2. 1 please write the title in a legible manner, preferably in block capitals [↑](#footnote-ref-2)